PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003 BHT-3212-57

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					10010			RATE		7 7		
FOR			20		AH 1145	ED EVEDA		BASIC FEE	FEE 385.00	-	RATE	770.00
FUR			NUMBER FILED		NUMBER EXTRA			DASIC FEE	365.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2 © mir	nus 20=	• 0			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	7 minus 3 =		1			X43=		OR	X86=	86
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	ļ	TOTAL	 	OR	TOTAL	852
						OTHER						
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR.	+290=	
					•		L	TOTAL			TOTAL	
				<i>1</i> 0.1	ė.		A	DDIT. FEE		OR,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	1 -	····		· T		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***	2 .	=		X43=		OR	X86=	, 11.5
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		'	+145=		OR	+290=	
								TOTAL		L	TOTAL	
	•	A	DDIT. FEE		OR ,	ADDIT. FEE						
	·	(Column 1)	·	(Colum		(Column 3)	· _		· .	_	•	
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER :	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus.	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
• 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
***	f the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Paid	id For IN THIS id For IN THIS	S SPACE is S SPACE is	less than	20, enter "20." 13, enter "3."	~	TOTAL DDIT. FEE	 		TOTAL ADDIT. FEE IMN 1.	